



SUSPECTED ACUTE MYOCARDIAL INFARCTION (AMI)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Chest pain (typical or atypical).
2. Syncopal episode.
3. History of previous AMI, Angina, heart disease, or other associated risk factors.

BLS INTERVENTIONS

1. Recognition of signs/symptoms of suspected AMI.
2. Reduce anxiety, allow patient to assume position of comfort.
3. Oxygen as clinically indicated.
4. Obtain O₂ saturation.
5. May assist patient with self-administration of Nitroglycerin and/or Aspirin.

LIMITED ALS (LALS) INTERVENTIONS

1. Aspirin 162 mg.
2. Consider early vascular access.
3. For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds, give 300 ml NS bolus, may repeat.
4. Nitroglycerin 0.4 mg sublingual/transmucosal, may repeat in three (3) minute intervals if signs of adequate tissue perfusion are present. Nitroglycerin is contraindicated (signs of inadequate tissue perfusion or recent use of sexual enhancement medications).
5. Consider establishing a saline lock enroute on same side as initial IV.
6. Complete thrombolytic checklist, if time permits.
7. Contact Base Station.

ALS INTERVENTIONS

1. Aspirin 162 mg.
2. Consider early vascular access.
3. For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds, give 300 ml NS bolus, may repeat.
4. 12-Lead Technology:
 - a. Obtain 12-lead ECG. Do not disconnect 12-lead cables until necessary for transport.
 - b. If signs of inadequate tissue perfusion or if inferior wall infarct is suspected, obtain a right-sided 12-lead (V4R).
 - c. If right ventricular infarct (RVI) is suspected with signs of inadequate tissue perfusion, consider 300ml NS bolus, may repeat. Early consultation with Base Station or receiving hospital in rural areas is recommended. (Nitrates are contraindicated in the presence of RVI or hypotension).
 - d. With documented ST segment elevation in two (2) or more contiguous leads, contact STEMI Base Station for destination decision while preparing patient for expeditious transport, per ICEMA Reference #6070 - Cardiovascular "STEMI" Receiving Centers. In Inyo and Mono Counties, the assigned Base Station should be contacted for STEMI consultation.
 - e. Repeat 12-lead at regular intervals, but do not delay transport of patient. If patient is placed on a different cardiac monitor for transport, transporting provider should obtain an initial 12-lead on their cardiac monitor and leave 12-lead cables in place throughout transport.
5. Nitroglycerin 0.4 mg sublingual/transmucosal, may repeat in three (3) minute intervals if signs of adequate tissue perfusion are present. Nitroglycerin is contraindicated if there are signs of inadequate tissue perfusion or if sexual enhancement medications have been utilized within the past forty-eight (48) hours. Utilize Morphine Sulfate for pain control when Nitroglycerin is contraindicated.
6. Morphine Sulfate 2 mg IV, may repeat every three (3) minutes to total 10mg. Consider concurrent administration of Nitroglycerin with Morphine Sulfate if there is no pain relief from the initial Nitroglycerin administration. Contact Base Station for further Morphine Sulfate orders.

7. Consider establishing a saline lock as a secondary IV site.
8. Make early STEMI notification to the STEMI Receiving Center.
9. In Radio Communication Failure (RCF), may give up to an additional 10 mg Morphine Sulfate in 2 mg increments with signs of adequate tissue perfusion.

REFERENCE

<u>Number</u>	<u>Name</u>
6070	Cardiovascular “STEMI” Receiving Centers